DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

the specification of which (check one)

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

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X	is attached hereto.			
	was filed onas Application Seria and was amended o			
•	<u>.</u>		stand the contents of the ab ed by any amendment refer	
CFR 1. availab	56, including for con	tinuation-in-part a	on which is material to pate applications, material infor application and the nationa tion.	rmation which became
foreign any PC States of inventor	applications(s) for p T international applie of America, listed bel or's or plant breeder's	atent, inventor's of cation which desi low and have also s rights certificate	35 U.S.C. 119(a)-(d) or (cor plant breeder's rights ce gnated at least one country identified below, any fore (s) or any PCT internation hich priority is claimed.	rtificate(s), or 365(a) of other than the United eign application for patent
Prior Foreign Application(s):				Priority Claimed
	Number)	(Country)	(MM/DD/YYYY)	Yes No
Certifi	ed Copy Attached?	Yes	No	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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